

From: Karen Wills [mailto:Karen.Wills@childrensmn.org]  
Sent: Wednesday, December 05, 2012 12:21 AM  
To: MN, HealthReform (COMM)  
Subject: Roadmap for a Healthier Minnesota: Public Comment

December 4, 2012

Dear Health Reform Task Force,

Thank you very much for your work on this action plan to reduce health disparities, barriers to care, and health care costs, in Minnesota. I am writing as a hospital-based health care provider whose practice includes about 50% children and adolescents with public health insurance, a high percentage of people of color, and many recent immigrants whose first language is not English. Therefore, I want to thank you for specifying that Minnesota should collect health statistics on some detailed categories (the current draft specifies "race, ethnicity, and language groups").

I understand many reasons why it is difficult to define and collect data on special populations; however, it seems essential to add three groups for whom we know that health disparities are persisting or even increasing (see references below). In particular, huge disparities in mental health status, substance use, and access to physical health care, are related to (1) disability status, (2) sexual orientation, and (3) gender identity. If Minnesota is to achieve health care equity, existing health care disparities must not be ignored or obscured by our failure to identify relevant populations and collect relevant data.

Therefore, I respectfully request that you revise the Roadmap by adding voluntarily reported sexual orientation, gender identity, and disability status, as additional "detailed categories" for data collection. Details of how to do so are being worked out at the federal level, based on existing templates such as the Joint Commission document cited below. The additional data collection is necessary so that health care disparities which affect LGBTQ people, and those that affect many Minnesotans with disabilities (chronic physical health, mental health, developmental or sensory), will be more clearly identified, counted, reported and addressed. Such data collection is essential to "better understand health disparities and zero in on effective strategies for eliminating them" (HHS.gov, June 29, 2011).

(Please note, I am writing as an individual clinician; this letter is not intended to represent the views of any institution or professional organizations with which I am affiliated).

Sincerely yours,

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References:

<http://www.americanprogress.org/issues/lgbt/report/2012/10/16/41620/faq-collecting-sexual-orientation-and-gender-identity-data/>  
<http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6500-ENG>  
<http://dredf.org/healthcare/Health-and-Health-Care-Disparities-Among-People-with-Disabilities.pdf>